

## CLAIMS ONLY

Application Number

Filing Date

**Applicant(s)**

## CLAIMS

**AFTER FIRST  
AMENDMENT**

**AFTER SECOND  
AMENDMENT**

\* May be used for additional claims or amendments

CLAIMS	ORIGINAL		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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50						
Total Indep						
Total Depend						
Total Claims						

May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						